



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER  
Environmental Services  
1121 Linden Street  
Cape Girardeau, MO 63703  
[www.capecountyhealth.com](http://www.capecountyhealth.com)  
573-335-7846 ext. 128  
[environmental@capecountyhealth.com](mailto:environmental@capecountyhealth.com)

## FOOD VENDOR FORM

Please complete form and submit at least one week prior to event by email to  
[environmental@capecountyhealth.com](mailto:environmental@capecountyhealth.com)

**Name of Event:** \_\_\_\_\_ **Date(s) of event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Set-up time:** \_\_\_\_\_ **Event operation hours:** \_\_\_\_\_

**Name of Food Stand:** \_\_\_\_\_

**Food Stand Operator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**What foods will you sell at this event?**

**Will electricity be provided for the food booths?**      Yes      No

**If yes what is the source?** Public Utility      Private/ Generators

**Will equipment/utensil washing facilities be provided for food booth operators?** Yes      No

**If yes please describe:**

**Describe hand washing facilities:**

\_\_\_\_\_



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**Describe water supply:**

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**Describe waste water disposal:**

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**Describe garbage disposal (including frequency of pick up):** \_\_\_\_\_

**Will the booth(s) be located on a non-absorbent surface?**      Yes      No

**If no please describe:**

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**Print Your Name**

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**Date**